



SPECIFIC ADDITIONAL LIMIT QUESTIONNAIRE

Firm Name: _____ Policy Number: _____

1. Owner/Client: _____
2. Name of Proposed Project: _____
3. Project Location: _____
4. Total limits needed for the project: _____
5. How long are the limits required? _____

6. Type of Project (check item):

- | | | |
|--|---|--|
| <input type="checkbox"/> Airports | <input type="checkbox"/> Hotels/Motels | <input type="checkbox"/> Pools |
| <input type="checkbox"/> Amusement Rides | <input type="checkbox"/> Houses/Townhouses | <input type="checkbox"/> Roads/Highways |
| <input type="checkbox"/> Apartments | <input type="checkbox"/> Jails/Justice | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Bridges/ Dams/ Tunnels | <input type="checkbox"/> Landfills | <input type="checkbox"/> K-12 |
| <input type="checkbox"/> Cellular Telephone Towers | <input type="checkbox"/> Libraries | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Churches | <input type="checkbox"/> Land Planning | <input type="checkbox"/> Shopping Center/Retail |
| <input type="checkbox"/> Condominiums/Co-ops | <input type="checkbox"/> Manufacturing/Industrial | <input type="checkbox"/> Sewage/ Storm Water |
| <input type="checkbox"/> Convention Centers /
Arenas/Stadiums | <input type="checkbox"/> Nuclear/Atomic | <input type="checkbox"/> Underpinning/Excavation |
| <input type="checkbox"/> Environmental (describe) | <input type="checkbox"/> Office Buildings | <input type="checkbox"/> Warehouses |
| <input type="checkbox"/> Harbor/Piers/Ports | <input type="checkbox"/> Parking Structures | <input type="checkbox"/> Wastewater Systems |
| <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Playgrounds | |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Petro/Chemical | Other (Describe) _____ |
| | <input type="checkbox"/> Recreation/Parks | |

7. Describe your specific services: _____

8. Design Phase: _____ to _____ Construction Phase: _____ to _____

9. What are the total design fees for your portion of the project? \$ _____

Last 12 Months: \$ _____ Current 12 Months: \$ _____ Next 12 Months: \$ _____

10. What is the Construction Cost or Construction Value of the project: \$ _____

11. Prime design firm on this project: _____

12. With regard to the specified client, contract or project for which an additional limit is being requested, do you or any person or entity seeking coverage have knowledge of any claim, incident, act, error, or omission that is or could be the basis of a professional liability claim?

Y N *If, yes please fill out the DPL Claim Questionnaire.*

Professional services contract may be required.

NOTICE: IN CERTAIN STATES, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Print Name

Title

Signature

Date

Questionnaire must be signed by an owner, officer, partner or principal of the Applicant